

Name in Full		Martha Blackston				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died <i>near Dorsey</i>			Town <i>Howard</i>		County	
	Date of death <i>1906</i>		Month <i>Nov.</i>	Day <i>4</i>	Age <i>13</i>	Years	Months
	Sex <i>Female</i>		Color or Race <i>Colored</i>		Birthplace <i>md.</i>		
	Occupation _____				Where Residing if not at place of death _____		
	Married Single		Name of Wife or Husband _____				
	Father's Name <i>Alfred Blackston</i>				Father's Birthplace <i>md.</i>		
	Mother's Maiden Name <i>Mary Stewart</i>				Mother's Birthplace <i>md.</i>		
PHYSICIAN OR CORONER	Name of person giving information <i>Edw. Snell</i>				How related to deceased <i>Cousin</i>		
	CAUSES OF DEATH						
	Primary <i>Tuberculosis</i>				How long <i>8 months</i>		
	Immediate <i>inanition</i>				How long _____		
2	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>				Signature of Physician <i>Wm. R. Eareckson</i>		
					Address <i>Eek Ridge, Md.</i>		
	Accident or Suicide? _____						

St Stephens

Name
In Full

Still-birth (Byers)

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Jonestown</i> ^{Town}		<i>Harvard</i> ^{County}		MARYLAND	
Date of death <i>1906</i>	Month <i>11</i>	Day <i>19</i>	Age <i>—</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth-place <i>Ind.</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <i>Charles Byers</i>		Father's Birthplace <i>Ind.</i>			
Mother's Maiden Name <i>Lornia Jones</i>		Mother's Birthplace <i>Ind.</i>			
Name of person giving information <i>Charles Byers</i>		How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Still-birth</i>	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>L. G. Swartz</i>
	Address <i>Chicago City, Ind.</i>
Accident or Suicide ?	



Name in Full

Certificate of Death

Arthur Daley

Town

County

Died at

Elk Ridge

Howard

MARYLAND

Date 19

Month

Day

Y.

M.

D.

Native of

Occupation

06

11 25

Age

9

Md

X

Male

~~White~~

Married

Widow

Divorced

~~Female~~

Colored

Single

Widower

Number of children living

Husband
of

Wife

Father's

Name

John Daley

Mother's

Maiden Name

Hester Bonds

Cause of

Primary

X

Death

Immediate

179

How long sick

Accident, Suicide, Homicide

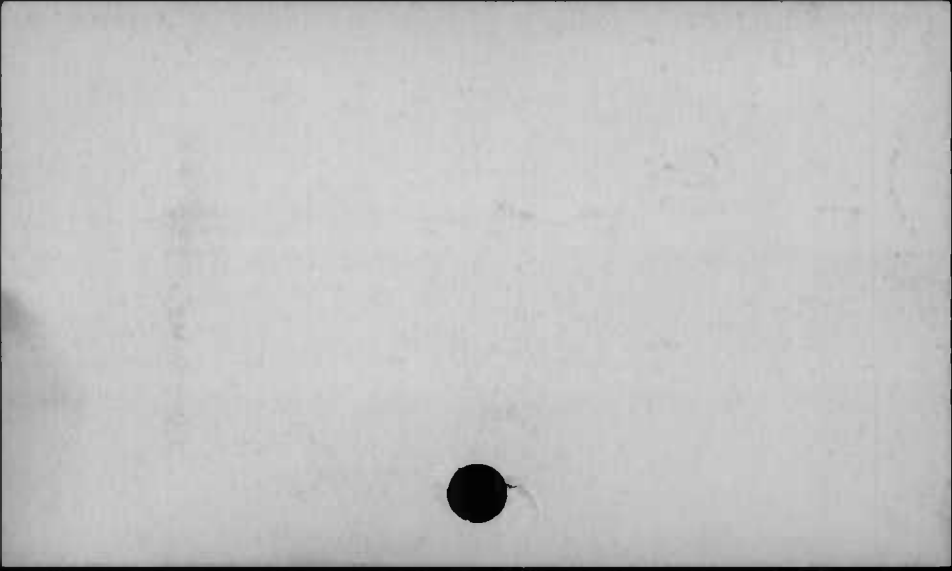
Reported by

Harrison Temple MA

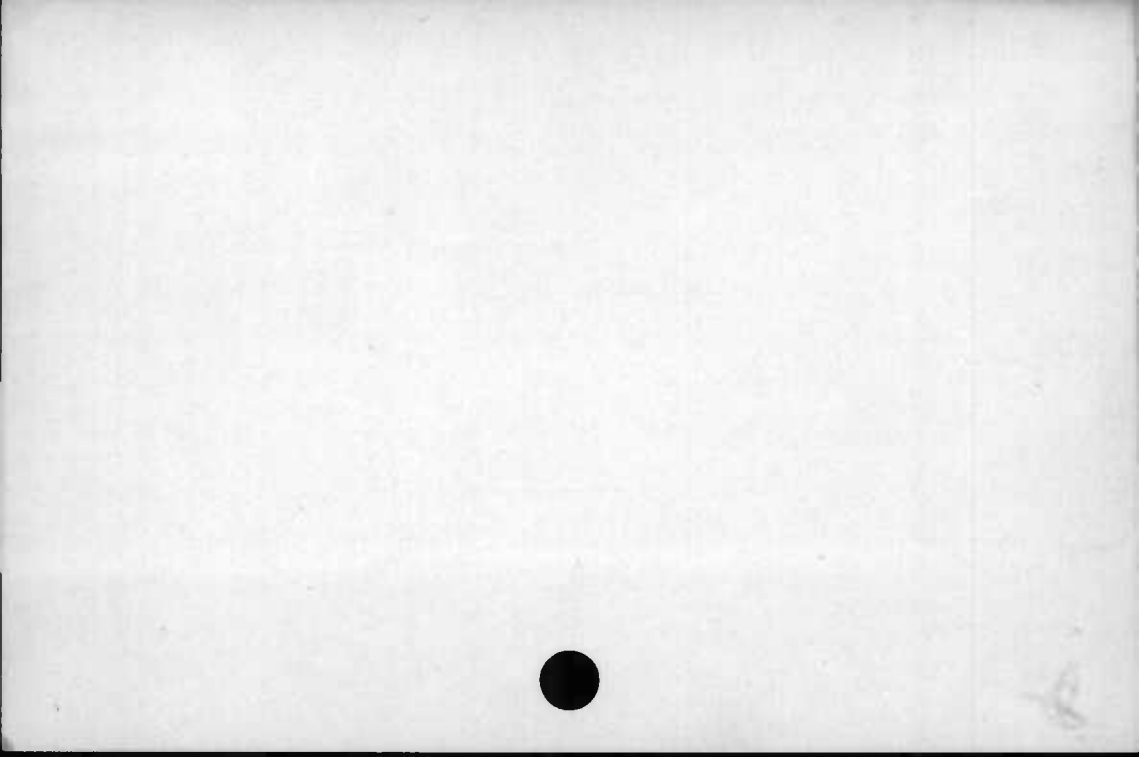
Address

Elk Ridge

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full		Infant's Last Name				Residence		Birth		CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town Brazzville		County Howard		MARYLAND				
		Date of death		1906	Month November	Day 20	Age	Years	Months	Days	4 Hours	
		Sex		Male		Color or Race		White		Birth- place		Maryland
		Occupation					Where Residing If not at place of death					
		Married, Single or Widowed					Name of Wife or Husband					
		Father's Name					Father's Birthplace					
		Mother's Maiden Name					Mother's Birthplace					
		Name of person giving In formation					How related to deceased					
CAUSES OF DEATH												
PHYSICIAN OR CORONER		Primary		Disease		How long		4 Hours				
		Immediate		Same		How long						
		Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		Dr. Jones, M.D.				
		Accident or Suicide?				Address		Brazzville Md.				



Name
In
Full

William F. S. E. Duwall

CERTIFICATE OF DEATH

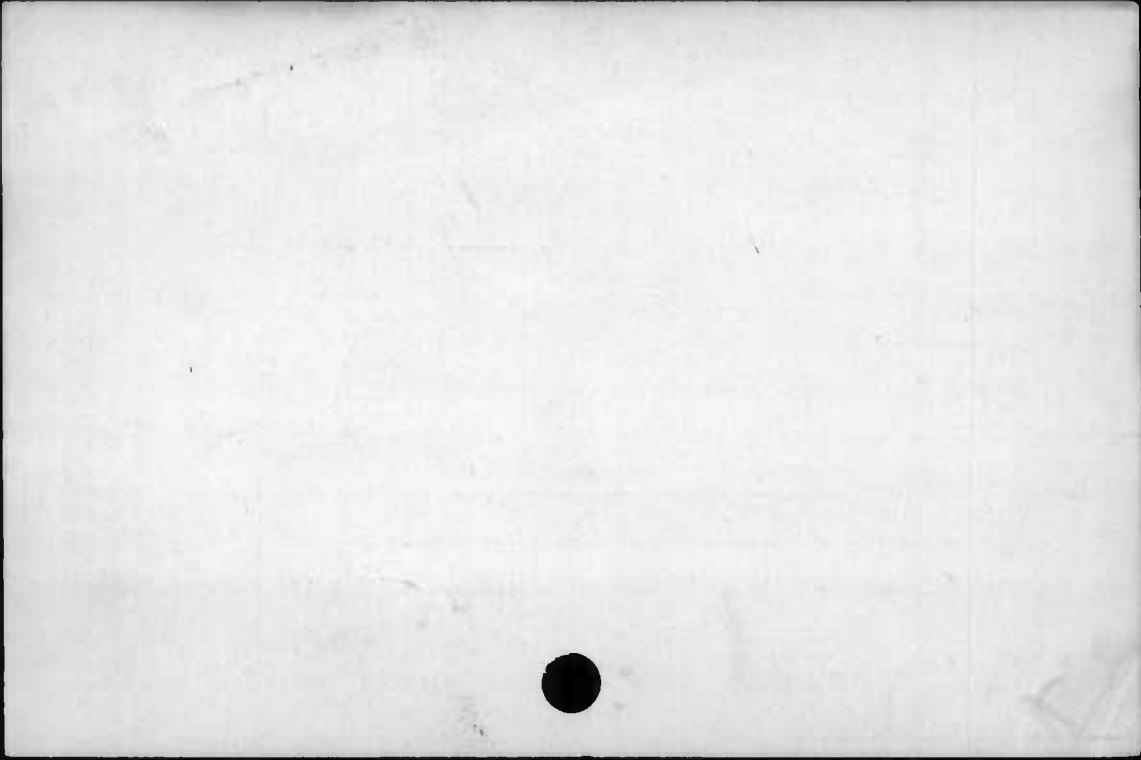
TO BE ANSWERED BY
NEAREST FRIEND

Died at Town <u>Florence</u>		County <u>Howard</u>		MARYLAND	
Date of death	1906	Month <u>Nov.</u>	Day <u>22</u>	Age Years <u>4</u>	Months <u>5</u> Days
Sex <u>Male</u>	Color or Race <u>White</u>		Birth- place <u>Ind.</u>		
Occupation <u>none.</u>			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name <u>Albert S. Duwall</u>			Father's Birthplace <u>Ind.</u>		
Mother's Maiden Name <u>Ruth M. Justice</u>			Mother's Birthplace <u>Ind.</u>		
Name of person giving In formation <u>Ruth M. Duwall</u>			How related to deceased <u>Mother</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Scalded over 2/3 of body.</u>	How long <u>1 1/2 hour</u>
Immediate <u>Shock</u>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>J. W. Lacy</u>
	Address <u>Elston</u> <u>Ind.</u>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

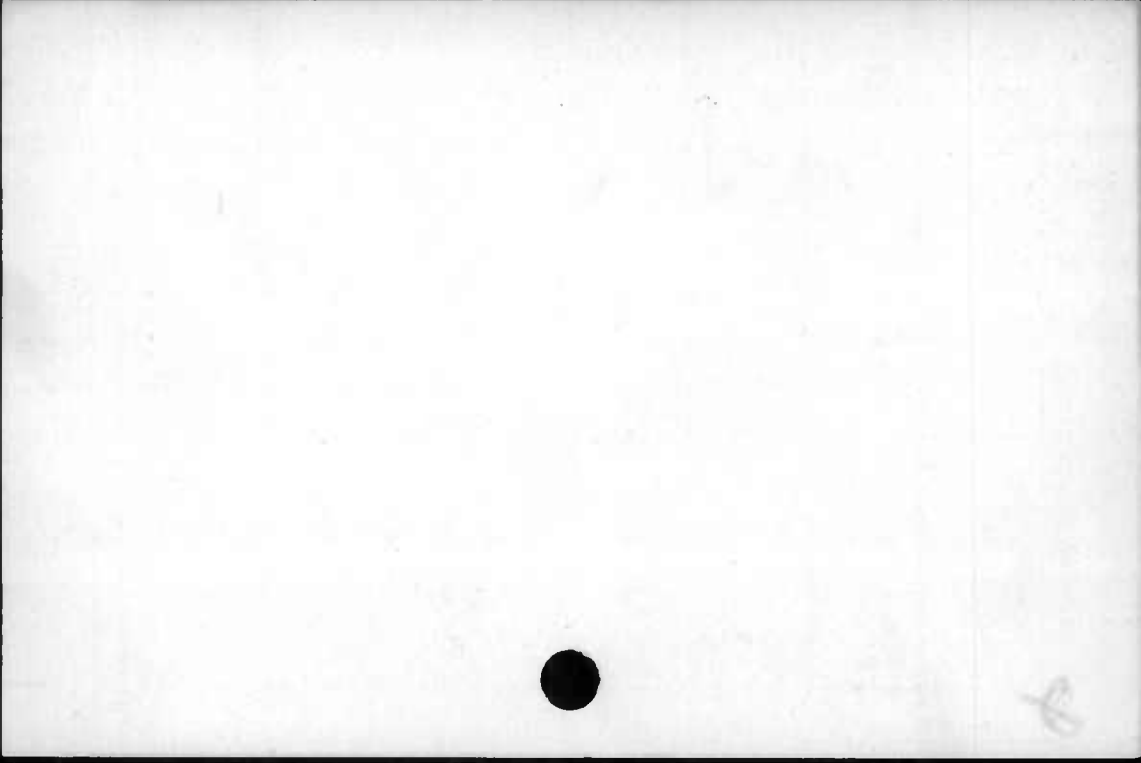
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Dayton</i>		County <i>Normand</i>		MARYLAND	
Date of death	1906	Month <i>Nov</i>	Day <i>6</i>	Age Years <i>6</i>	Months <i>13</i>
Sex <i>Female</i>	Color <i>Col</i>		Birth-place <i>Ind</i>		
Occupation —	Where Residing if not at place of death <i>Dayton</i>				
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband —			
Father's Name <i>Alfred Jensen</i>		Father's Birthplace <i>Ind</i>			
Mother's Maiden Name <i>Elizabeth</i>		Mother's Birthplace <i>Ind</i>			
Name of person giving Information <i>J. A. Nichols</i>		How related to deceased <i>Physician</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>	How long <i>8 months</i>
Immediata —	How long —
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. A. Nichols</i>
	Address <i>Dayton Ind</i>
Accident or Suicide? <i>No</i>	



Name

In Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Eliza Johnson* Town *Blaffer Corner* County *Howard* MARYLAND

Died at *Blaffer Corner*

Date of death *1906* Month *Nov* Day *19* Age *70* Years Months Days

Sex *Female* Color *Colord* Birth-place *Virginia*

Occupation *House Keeper* Where Residing If not at place of death *Blaffer's Corner*

Married, Single or Widowed *Married* Name of Wife or Husband *Daniel Johnson*

Father's Name _____ Father's Birthplace _____

Mother's Maiden Name _____ Mother's Birthplace _____

Name of person giving information *Annie S. Watkins* How related to deceased *son*

CAUSES OF DEATH

Primary *Valvular Heart Disease* How long *6 months to my knowledge*

Atherosclerosis How long _____

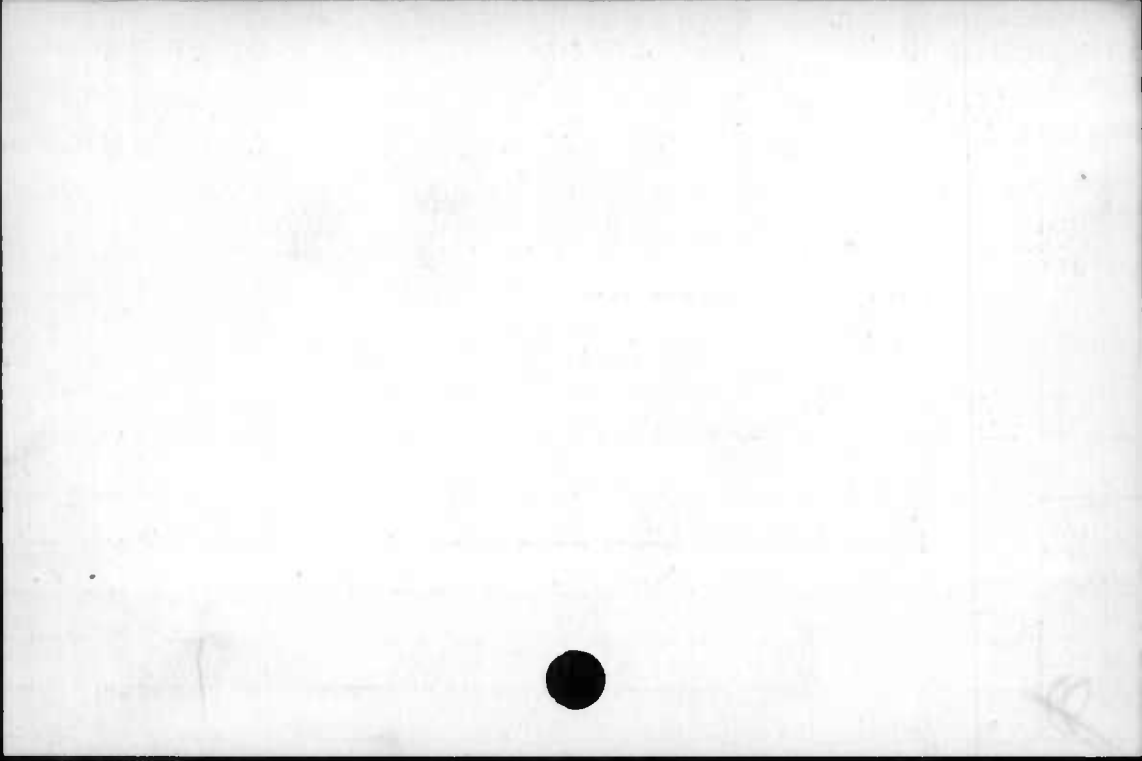
Immediate _____

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Henry B. Johnson

MARYLAND

Date of death 190	6	Month	2	Day	6	Age	1	Years	6	Months	1	Days
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Sex	Male	Color or Race	Colored	Birth-place	La.
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Married, Single or Widowed	Single	Occupation	—
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Name of Wife or
Husband

Father's Name Larkin Johnson

Father's Birthplace India

Mother's Maiden Name Cynthia Kelly

Mother's Birthplace Mexico

Name of person giving information Larkins Johnson

How related to deceased	Father
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CAUSES OF DEATH

Primary Memories (93)

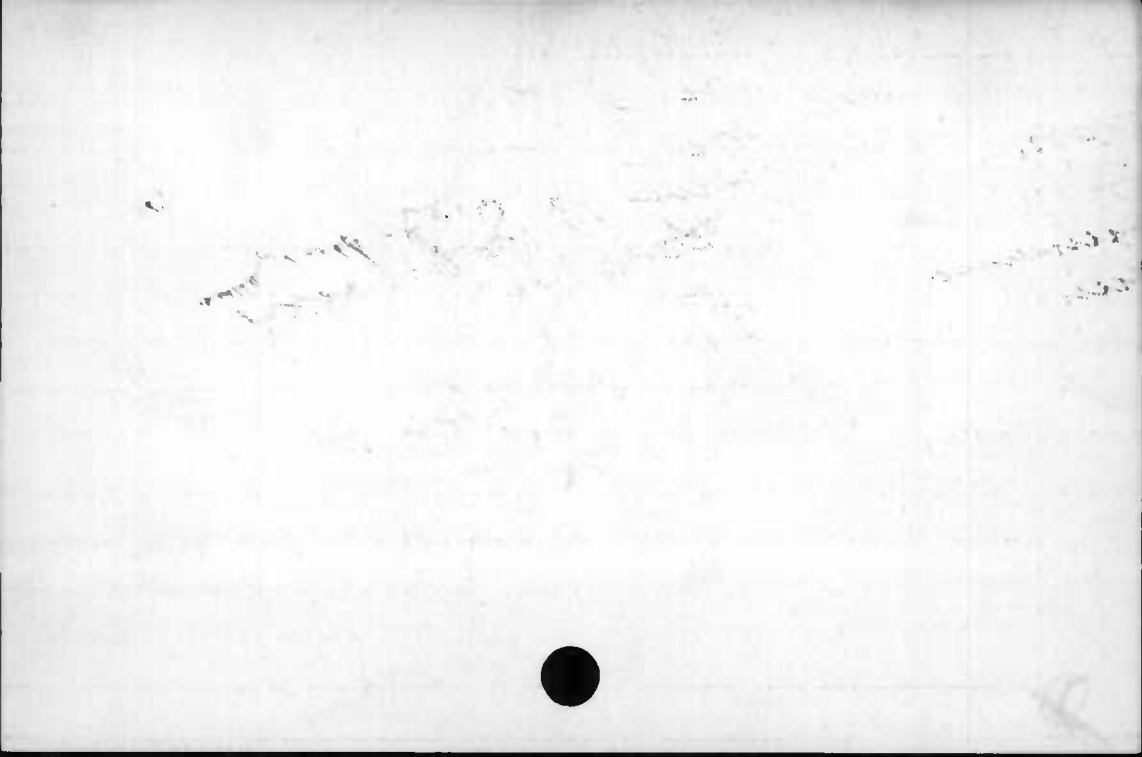
How long 2 weeks

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Signature of Physician *Chas R. W. Block*
Address *Superior, Wis.*

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

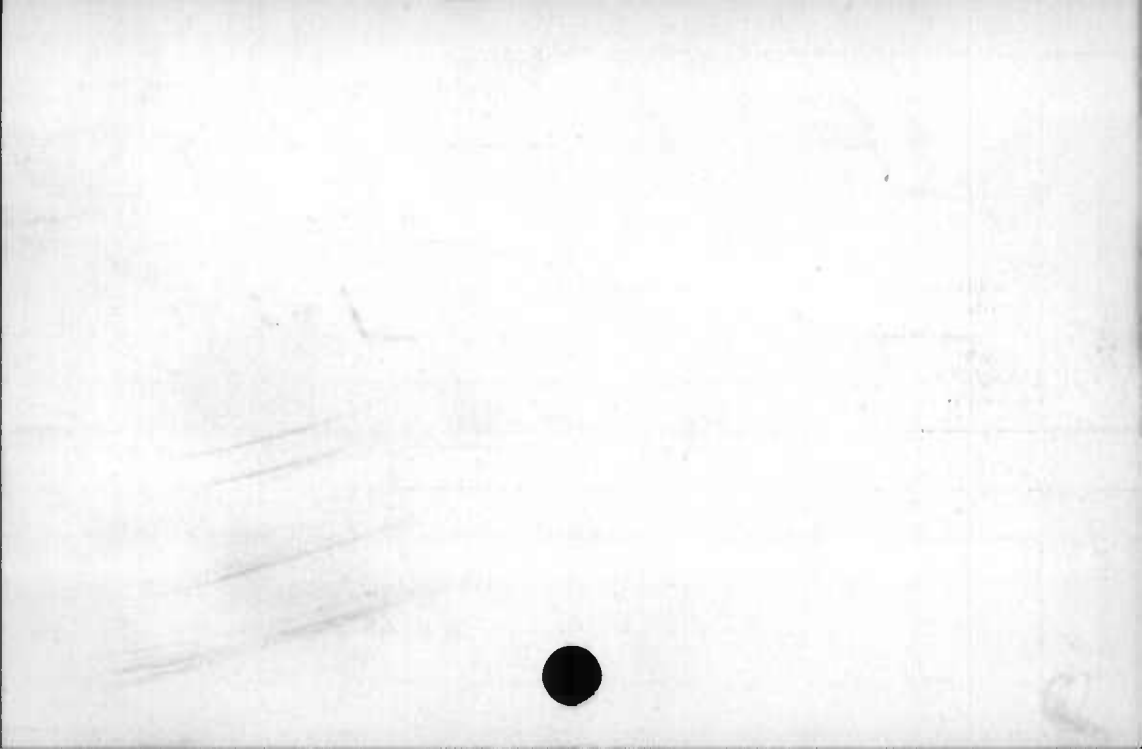
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
190		Nov.	8	Age			
Sex	Male	Color or Race	(Col)		Birth-place	Md.	
Occupation	Tram driver		Where Residing if not at place of death				
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	Louis Hunter Johnson				Father's Birthplace	Va.	
Mother's Maiden Name	Millie J. Lewis				Mother's Birthplace	Md.	
Name of person giving information	Millie J. Johnson				How related to deceased	Mother	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Car. upset and male fell upon him, killing him instantly.	How long	Instantly
Immediate	Accident.	How long	
Are the name, age, sex, color, date and place correctly given above?	Yes.	Signature of Physician	Bernard H. Hallenhorst, J.P.
	Accident	Address	getting Corona Ellicott City, Md.
Accident or Suicide?			



Name
in
Full

Infant. Kelly

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Simpsonville</i>		Town <i>North</i>		County <i>Howard</i>		MARYLAND	
Date of death 190 <i>6</i>	Month <i>11</i>	Day <i>14</i>	Age	Years	Months <i>2</i>	Days	
Sex <i>Female</i>	Color or Race <i>Colored</i>	Birth-place <i>Ind</i>					
Married, Single or Widowed			Occupation				
Name of Wife or Husband							
Father's Name <i>Samuel Kelly</i>				Father's Birthplace <i>Ind</i>			
Mother's Maiden Name <i>Mary Bacon</i>				Mother's Birthplace <i>Ind</i>			
Name of person giving information <i>Samuel Kelly</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cholera Infantis</i>	How long <i>2 weeks</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Chas R. Helson Jr.</i>
	Address <i>Simpsonville Ind</i>
Accident or Suicide?	



Name
in
Full

Michael Kooler (?)

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died ^{Town} near *Bethany* ^{County} *Howard* **MARYLAND**

Date of death *1906* ^{Month} *Nov* ^{Day} *27* ^{Years} *35* ^{Months} *—* ^{Days} *—*

Sex *Male* Color or Race *White* Birth-place *Hungary*

Occupation *Laborer* Where Residing If not at place of death *—*

Married, Single or Widowed *Single (?)* Name of Wife or Husband *—*

Father's Name *—* Father's Birthplace *—*

Mother's Maiden Name *—* Mother's Birthplace *—*

Name of person giving information *Joseph A. Hunt* *(17)* How related to deceased *—*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Gun Shot Wound in Thigh* How long *2 weeks*

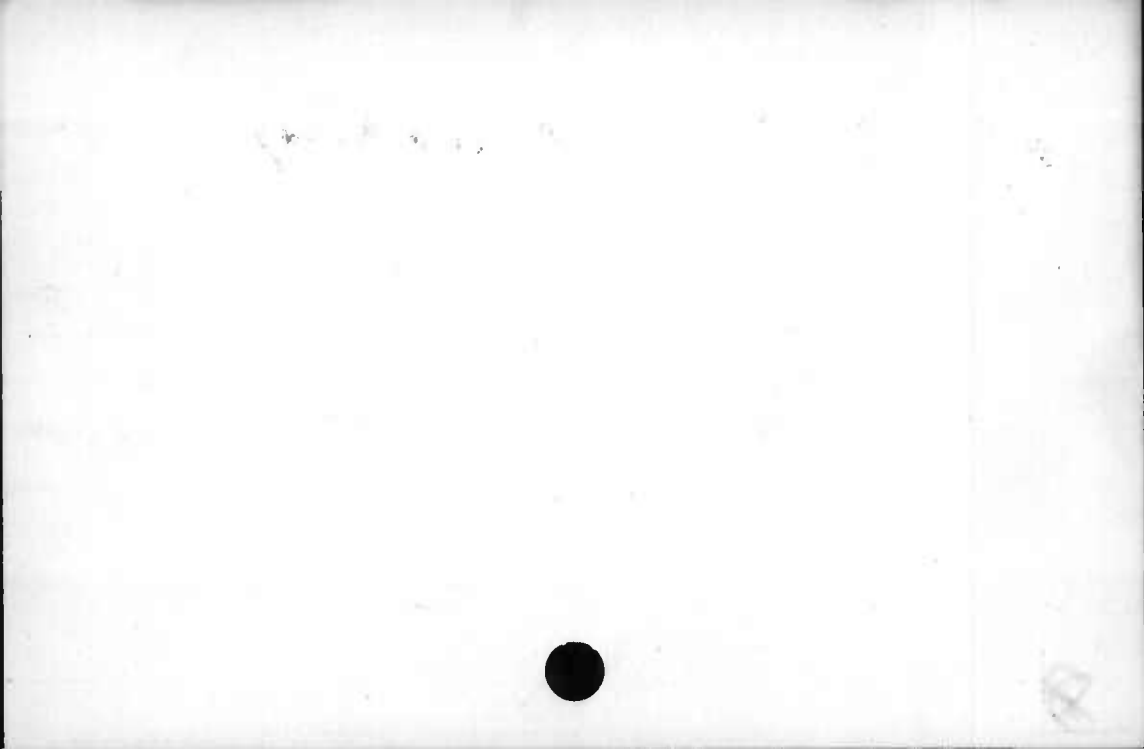
Immediate *Lock jaw - (Tetanus)* How long *3 days*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *Wm. B. Gambrell*

Address *Albertain, Md*

Accident ~~or~~ *—* *—*?



Name
in
Full

Mary A. Lawrence

CERTIFICATE OF DEATH

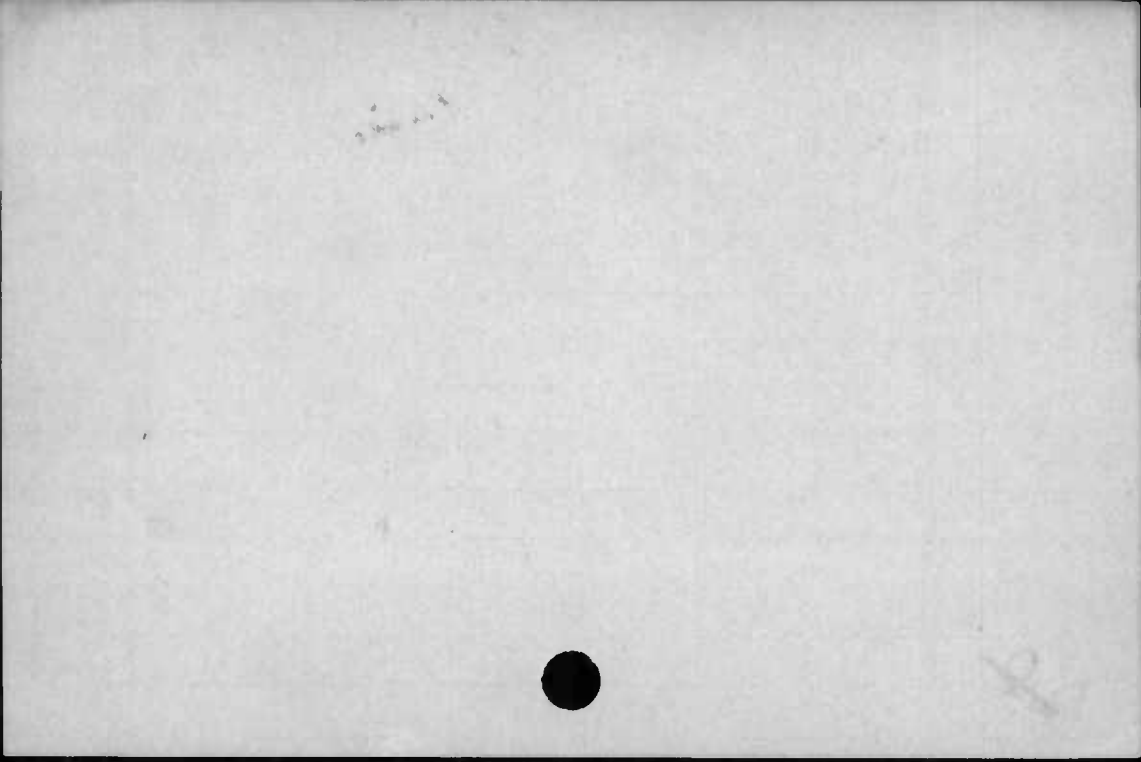
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Savage		County Howard		MARYLAND	
Date of death	1906	Month 11	Day 18	Age 84	Years	Months 10	Days 18
Sex	female		Color or Race	white		Birth- place	Md.
Occupation	Retired			Where Residing if not at place of death Savage			
Married, Single or Widowed	single		Name of Wife or Husband				
Father's Name	Francis Lawrence					Father's Birthplace	Md.
Mother's Maiden Name	Ann Warfield					Mother's Birthplace	Md.
Name of person giving In formation	Mrs Ida Pumpkhny					How related to deceased	Niece

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Infirmitie of Age 154		How long	prognostic
Immediate	Heart Failure		How long	several hours
Are the name, age, sex, color, date and place correctly given above?	yes		Signature of Physician	Whitman M.D.
			Address	Savage
Accident or Suicide?	within			Md.



Name
in
Full

CERTIFICATE OF DEATH

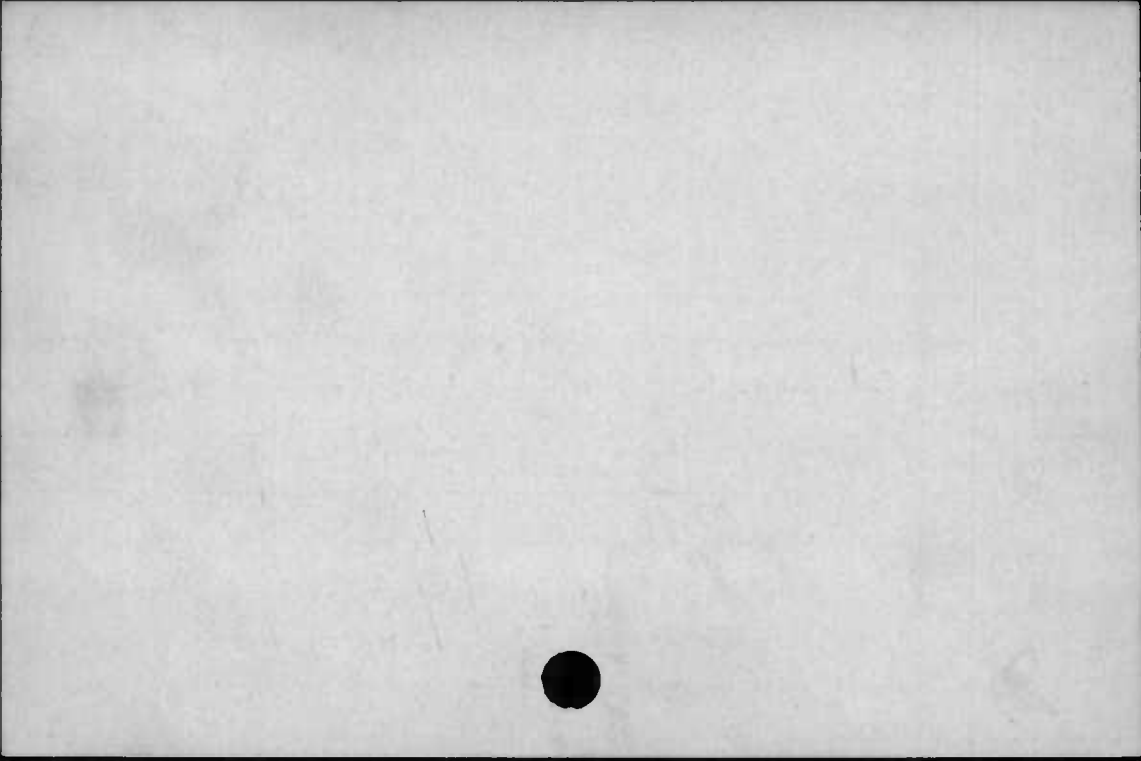
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Edinboro</i> ^{Town}		<i>10th</i> ^{County}		MARYLAND		
Date of death	<i>1906</i>	Month <i>10</i>	Day <i>18</i>	Age <i>11</i> Years	<i>11</i> Months	<i>11</i> Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Edinboro Pa</i>			
Occupation <i>_____</i>	Where Residing if not at place of death <i>_____</i>					
Married, Single or Widowed <i>_____</i>		Name of Wife or Husband <i>_____</i>				
Father's Name <i>Andrew J. Martin</i>		Father's Birthplace <i>Pa</i>				
Mother's Maiden Name <i>Annie Healey</i>		Mother's Birthplace <i>Pa</i>				
Name of person giving information <i>Andrew Martin</i>		How related to deceased <i>Father</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pseudo Membranous</i>	How long <i>3 days</i>
Immediate <i>Dysentery</i>	How long <i>_____</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Wm. H. Rogers</i>
<i>X</i>	Address <i>Edinboro Pa</i>
	<i>_____</i>
Accident or Suicide? <i>_____</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Wm W. Woodbine</i>		Town <i>Woodbine</i>		County <i>Howe</i>		State <i>MARYLAND</i>	
Died at <i>Wm W. Woodbine</i>		Date of death <i>1906</i>		Month <i>June</i>		Day <i>11</i>	
Age <i>—</i>		Years <i>—</i>		Months <i>—</i>		Days <i>—</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Howe Co. Md</i>			
Occupation <i>—</i>				Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>—</i>				Name of Wife or Husband <i>—</i>			
Father's Name <i>Arthur Poole</i>				Father's Birthplace <i>Howe Co. Md</i>			
Mother's Maiden Name <i>Fannie Pickett</i>				Mother's Birthplace <i>Maryland Co. "</i>			
Name of person giving information <i>Father, Arthur Poole</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate <i>Pneumonia, Bacteria</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>R. O. D. Mayfield</i>
	Address <i>Lisbon, Md</i>
Accident or Suicide? <i>8</i>	



Name
in
Full

(Still born) Smith

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Jonestown</i>		County <i>Haward</i>		MARYLAND	
Date of death		1906	Month <i>Nov</i>	Day <i>4</i>	Age Years	Months	Days
Sex <i>Male</i>		Color or Race <i>White</i>		Birth- place <i>Jonestown, Md</i>			
Occupation <i>—</i>				Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Chas. Henry Scott</i>		Father's Birthplace <i>Md.</i>					
Mother's Maiden Name <i>Edith Louisa Tucker</i>		Mother's Birthplace <i>Md.</i>					
Name of person giving In formation <i>Edith L. Scott</i>		How related to deceased <i>Mother</i>					

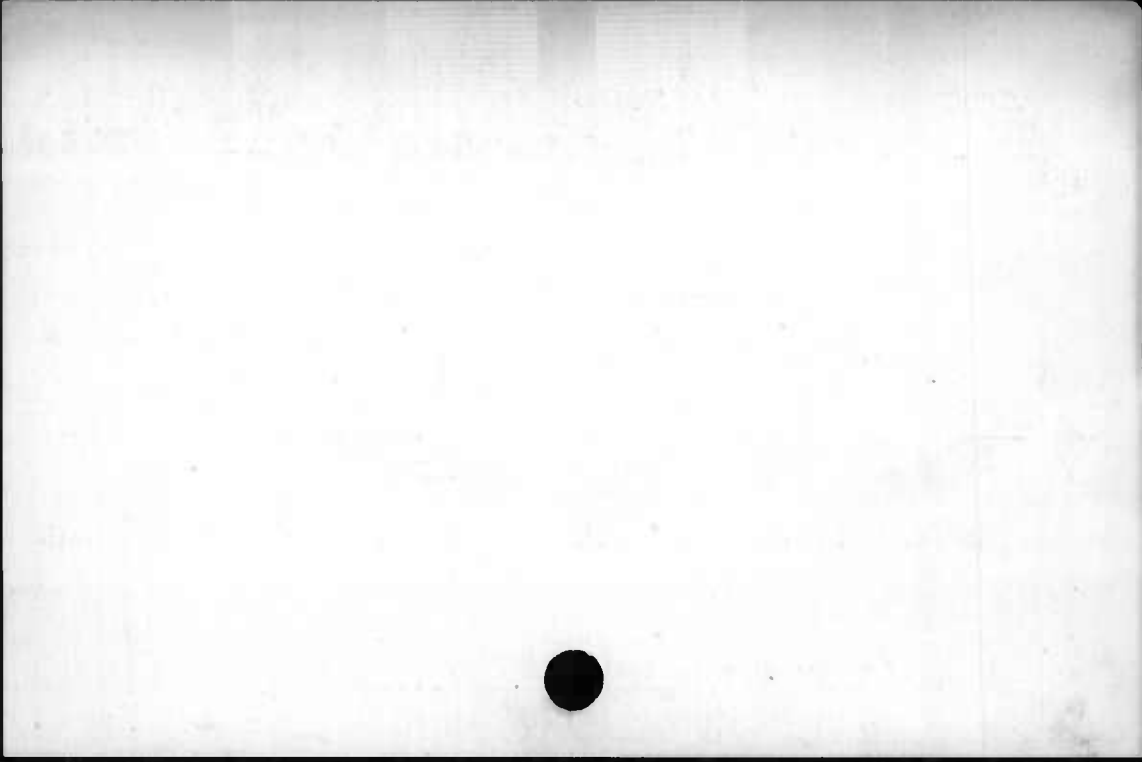
CAUSES OF DEATH

PHYSICIAN
OR CORONER

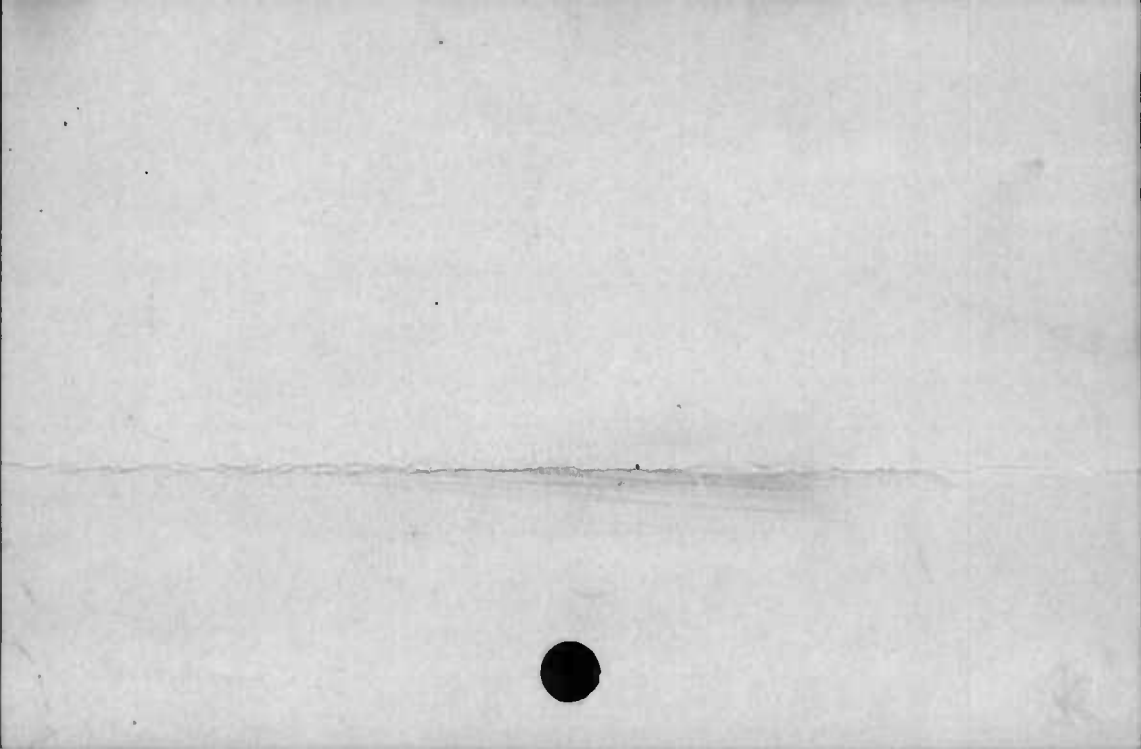
Primary <i>Acephalous - died in Utero</i>		How long <i>About 7th Month</i>	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Wm. B. Gambrell</i>	
<i>Albertson, Md</i>		Address <i>Albenton, Md.</i>	
Accident or Suicide? <i>Sub. Relg</i>		<i>Don't take</i>	



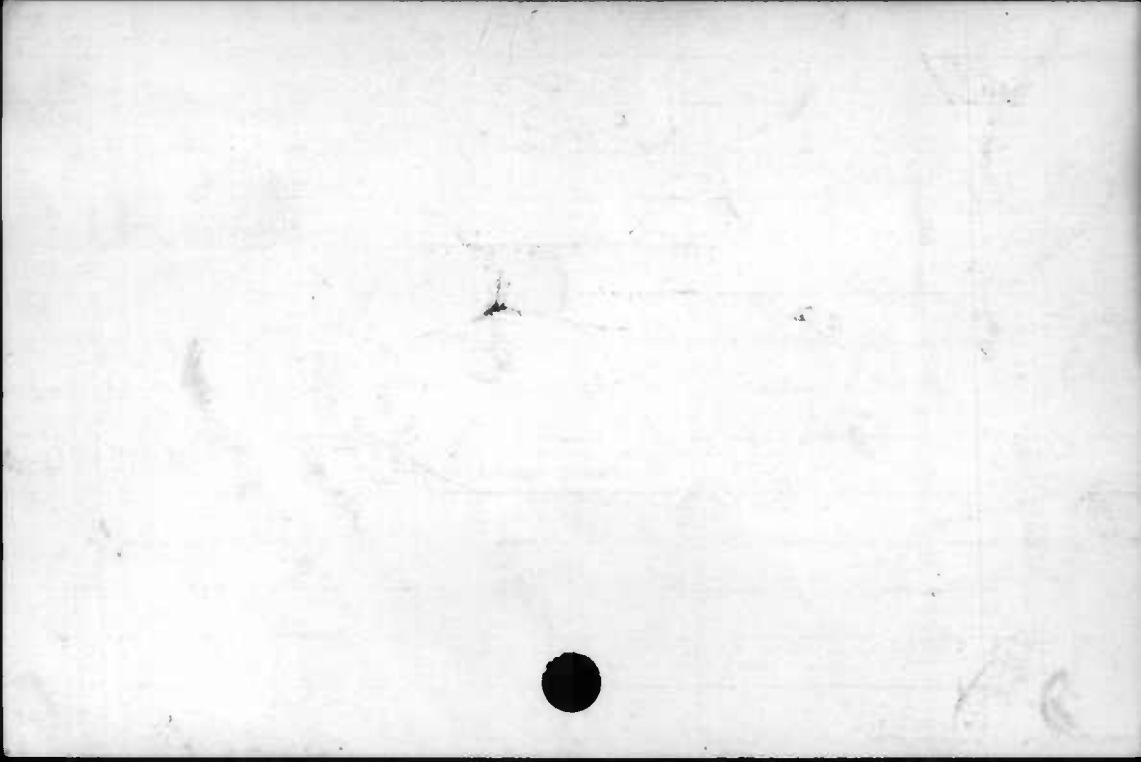
Name In Full		County				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Mt. Hebron Farm</i>		<i>Howard</i>		MARYLAND		
	Date of death <i>1906</i>	Month <i>Nov</i>	Day <i>9</i>	Age <i>—</i>	Years <i>—</i>	Months <i>—</i>	
	Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth- place <i>Mt. Hebron Farm</i>		
	Occupation			Where Residing if not at place of death			
	Married, Single or Widowed		Name of Wife or Husband				
	Father's Name <i>Robert Isaac Smith</i>		Father's Birthplace <i>St. Marys Co. Md.</i>				
	Mother's Maiden Name <i>Mary Elizabeth Jackson</i>		Mother's Birthplace <i>St. Marys Co. Md.</i>				
	Name of person giving In formation <i>Mary E. Smith</i>		How related to deceased <i>Mother</i>				
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary <i>? Still Born</i>		How long				
	Immediate <i>Died in Utero</i>		How long <i>About 2 weeks dead</i>				
	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Wm. Blount</i>				
	<i>Inspected</i>		Address <i>Albertain, Md.</i>				
	Accident or Suicide? <i>Sub. Beg.</i>		<i>Albertain, Md.</i>				



Name in Full		Isabella Snyder						CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at ^{Town} near Highland			^{County} Howard			MARYLAND				
	Date of death	1906	Month	Nov.	Day	11	Age	Years	58		
	Sex		Female		Color or Race		white		Birth-place	Carroll Co.	
	Occupation				Housewife					Where Residing if not at place of death	
	Married, Single or Widowed		Married		Name of Wife or Husband		Augustus Snyder				
	Father's Name				Father's Birthplace						
	Mother's Maiden Name				Mother's Birthplace						
	Name of person giving information				Aug. Snyder		How related to deceased		Husband		
CAUSES OF DEATH											
PHYSICIAN OR CORONER	Primary				Sclerosis of Coronary Arteries				How long	10 years	
	Immediate				Cardiac Dropsy & Heart Failure				How long	5 years	
	Are the name, age, sex, color, date and place correctly given above?				Yes				Signature of Physician		Aug. Flabber
	Brighton,				Address				Montgomery Co Maryland -		
	Accident or Suicide?										



Name in Full		Martha Rebecca Thomas				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Eek Ridge</i> <small>Town</small>		<i>Howard</i> <small>County</small>		MARYLAND		
	Date of death <i>1906</i> <small>Month</small> <i>Nov</i> <small>Day</small> <i>5</i>		Age <i>—</i> <small>Years</small>		Months <i>2</i>		Days <i>6</i>
	Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth-place <i>md</i>		
	Occupation <i>—</i>		Where Residing if not at place of death <i>—</i>				
	Married, Single or Widowed		Name of Wife or Husband <i>—</i>				
	Father's Name <i>George Thomas</i>		Father's Birthplace <i>md.</i>				
PHYSICIAN OR CORONER	Mother's Maiden Name <i>Ella Winfield</i>		Mother's Birthplace <i>md</i>				
	Name of person giving information <i>Geo. Thomas</i>		How related to deceased <i>father</i>				
	CAUSES OF DEATH						
	Primary <i>Intestinal Colic</i>		How long <i>2 or 3 days</i>				
Immediate <i>Probably overdose "Godfrey's Cordial"</i>		How long <i>Immediate</i>					
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Wm. R. Eareckson</i>		Address <i>Eek Ridge, Md.</i>			
Accident or Suicide? <i>—</i>							



Name
in
Full

Susan Ellender Thompson

CERTIFICATE OF DEATH

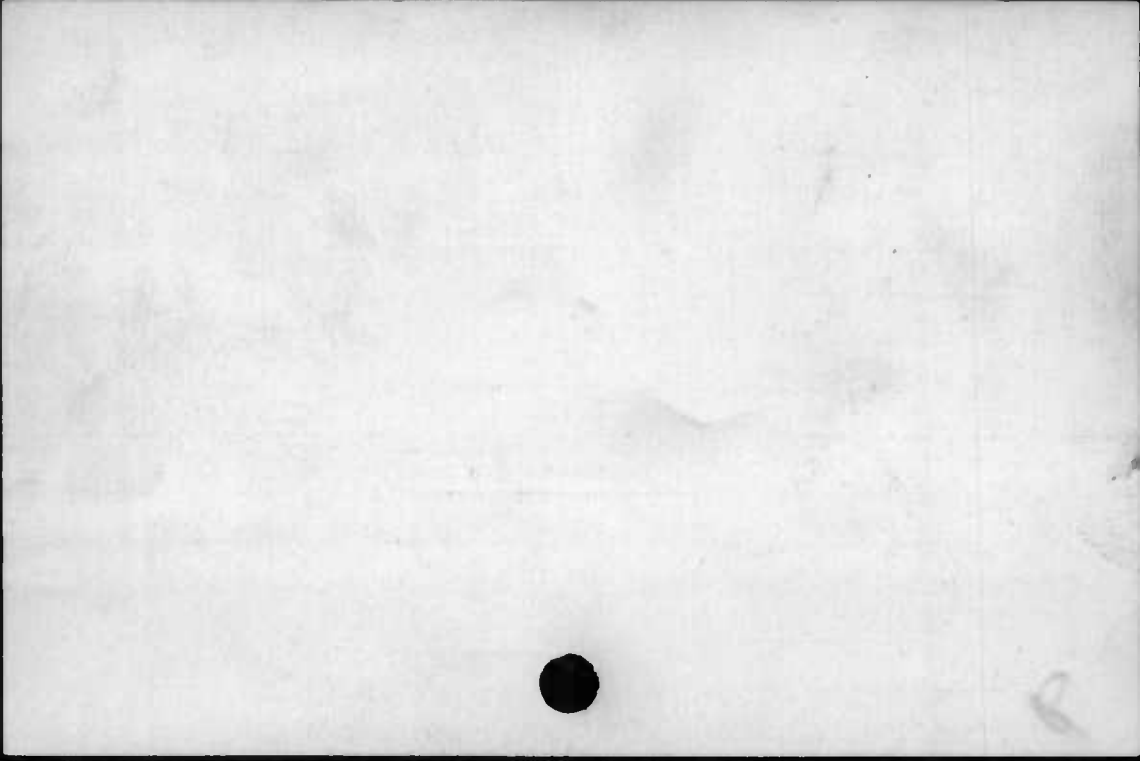
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>West Friendship</i> ^{Town}		<i>Howard</i> ^{County}		MARYLAND	
Date of death <i>1906</i>	Month <i>Nov.</i>	Day <i>24</i>	Age <i>86</i>	Years <i>3</i>	Months <i>—</i>
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Maryland</i>		
Occupation <i>House work</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>John A. Thompson</i>			
Father's Name <i>Babylon Cook</i>			Father's Birthplace <i>—</i>		
Mother's Maiden Name <i>—</i>			Mother's Birthplace <i>—</i>		
Name of person giving information <i>Robert V. Thompson</i>			How related to deceased <i>Son</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>General Debility</i>	How long	<i>154</i>
Immediate	<i>Exhaustion</i>	How long	<i>3 weeks</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>John W. Bell</i>	
		Address <i>West Friendship</i>	
		<i>Howard County, Md.</i>	
Accident or Suicide?			



Name
In
Full

CERTIFICATE OF DEATH

Mary Tortoro

Town

Ellicott City

County

Howard

MARYLAND

Died at

Date

of death 1906

Month

Nov.

Day

24

Age

Years

Months

14

Days

Sex

Female

Color or
Race

White

Birth-
place

Maryland

Occupation

Where Residing if not
at place of death

Ellicott City

Married, Single
or WidowedName of Wife or
HusbandFather's
Name

Bisgais Tortoro

Father's
Birthplace

Elly

Mother's
Maiden Name

Antonetta Tortoro

Mother's
Birthplace

Md

Name of person giving
In formation

Bisgais Tortoro

How related
to deceased

Father

CAUSES OF DEATH

Primary

Pneumonia

How long

4 days

Immediate

Convulsion

How long

3 hours

Are the name, age, sex, color, date
and place correctly given above?

Yes

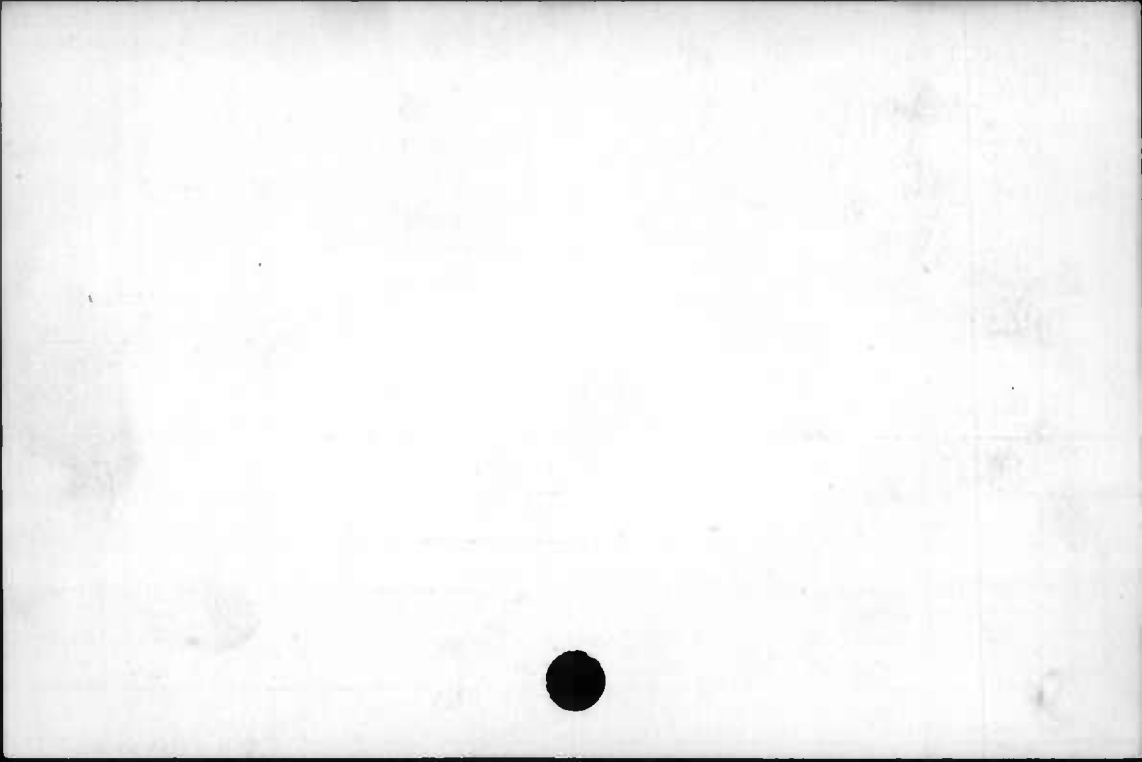
Signature of
Physician

Address

J. H. Byrne

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
Full

Not named

Warfield

CERTIFICATE OF DEATH

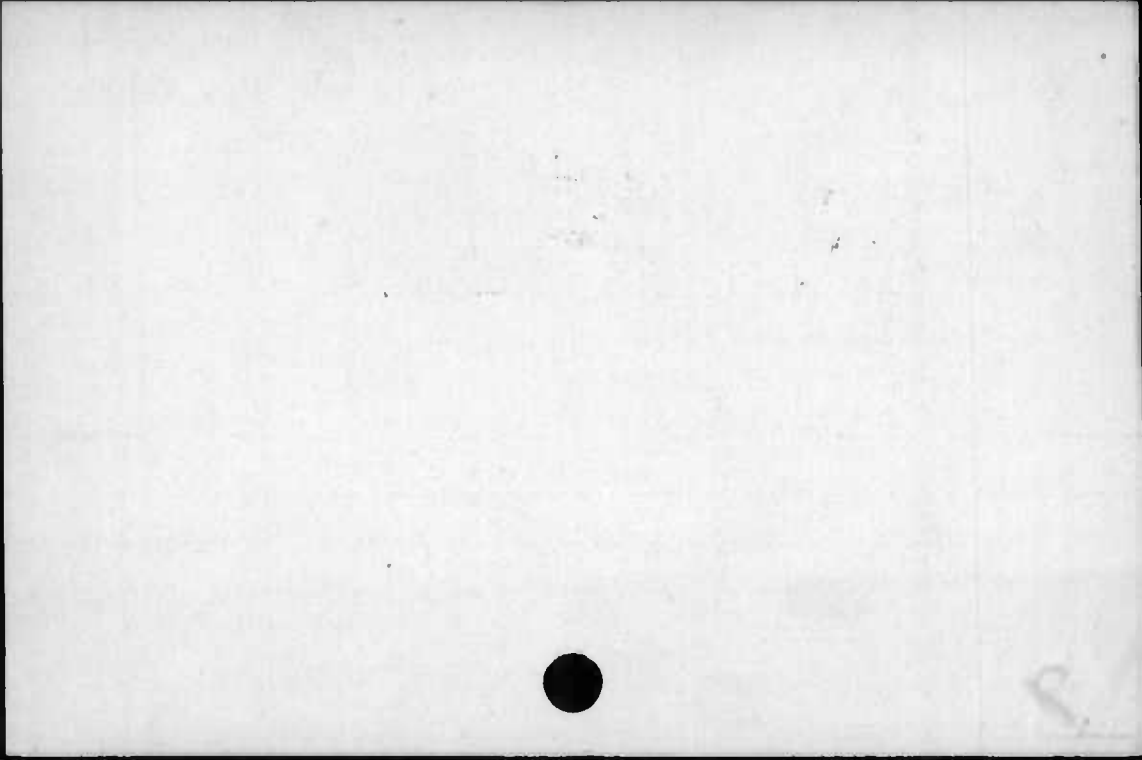
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Flomera</u> Town		<u>Howard</u> County		MARYLAND	
Date of death	<u>1906</u>	Month <u>November</u>	Day <u>18</u>	Age <u>—</u> Years	Months <u>—</u> Days <u>7</u>
Sex <u>male</u>	Color or Race <u>white</u>		Birth-place <u>Howard Co. Md</u>		
Occupation <u>—</u>			Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed <u>—</u>			Name of Wife or Husband <u>—</u>		
Father's Name <u>Allan Thomas Warfield</u>			Father's Birthplace <u>Howard Co. Md</u>		
Mother's Maiden Name <u>Deveres</u>			Mother's Birthplace <u>—</u>		
Name of person giving information <u>—</u>			How related to deceased <u>—</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Latent</u>	How long <u>2 days</u>
Immediate <u>—</u>	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>R. O. D. Warfield</u>
	Address <u>Libson, Howard Co. Md</u>
Accident or Suicide?	



Name in Full		Agnes E. Wheeler				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Hanover		County Howard		MARYLAND
	Date of death		1906	Month Nov.	Day 11	Age Years 52	Months 1
	Sex		Female		Color or Race	White	
	Occupation		Housewife		Birth- place	Maryland	
	Where Residing if not at place of death		779 W. Lexington St. Baltimore				
	Married, Single or Widowed		Name of Widow Husband Albert Wheeler				
	Father's Name		Robert Wilson			Father's Birthplace Scotland	
	Mother's Maiden Name		Agnes Spencer			Mother's Birthplace England	
Name of person giving In formation		Mrs. Howard A. French			How related to deceased Daughter		
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		Lobar pneumonia			How long 5 days	
	Immediate		Crisis, Collapse.			How long 12 hours.	
	Are the name, age, sex, color, date and place correctly given above?		yes			Signature of Physician W. R. Eareckson	
						Address Eex Ridge Md.	
Accident or Suicide?							

